LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Labbysjes Regeration Number

FOR OFFICE USE ONLY

Postmark Date: 🖊 📊 🔂

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Instructions

Print in ink or type.

 Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.

 This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

1. NAME FIDLER, GERALD F.

2. BUSINESS PHONE 200 - 429-1191

BUSINESS ADDRESS 1625 L. Street, NW. Washington, DC 20036
Street and No. City State Zip

MAILING ADDRESS 1625 L. Street, NW. Washington, DC 20036
Street and No. City State Zin

S ENTROYER'S ADDRESS 1625 1 Start All 1000 1000 1000 2000

5. EMPLOYER'S ADDRESS 1625 L. Street, NW. Westington, DC 2003 (
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes No______ No____

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or climinating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone also pays you to lobby; and (e) the date of termination if applicable.

1. Name American Federation of State County Municipal Employees (AFSUME)

Address 6525 L. Street, NEW Washington, Dr. 2003L

Business or purpose Labor Union

New Representation
Does this person pay you?_____

If No, who pays you?____

SUPPLEMENTAL REGISTRATION FORM



2.	Name AFSCME Coursiana Counci) 17
	Address 429 Government St. Baton Rouge LA 70802
	Business or purpose Labor Union
	New Representation Does this person pay you?
	If No, who pays you?
,	Terminated Representation as of
3,	Name
	Address
	Business or purpose
	New Representation Does this person pay you?
	If No, who pays you?
	☐ Terminated Representation as of

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Signature of Lobbyist

Form 501, Few. 10/2003

1-17-06